EPI-GAZETTE

FLORIDA DEPARTMENT OF HEALTH

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Notice to Clinicians: Summary of CDC Recommendations for Influenza Antiviral Medications

Information from CDC Health Advisory, January 15, 2013

CDC continues to recommend antiviral medications for treatment of seasonal influenza and annual vaccination as the best tools for prevention.[i]

Evidence from past influenza seasons and the 2009 H1N1 pandemic has shown that treatment with antiviral medications can have clinical and public health benefit in reducing severe outcomes of influenza when initiated as soon as possible after illness onset.

Clinical trials and observational data show that early antiviral treatment may do the following:

- shorten the duration of fever and illness symptoms
- reduce the risk of complications from influenza (e.g., otitis media in young children, pneumonia, respiratory failure) and death
- shorten the duration of hospitalization

Below is a summary of CDC's influenza antiviral recommendations.

Summary of CDC recommendations for influenza antiviral medications for the 2012-2013 season:

Clinical benefit is greatest when antiviral treatment is administered early. When indicated, antiviral treatment should be started as soon as possible after illness onset, ideally within 48 hours of symptom onset. However, antiviral treatment might still be beneficial in patients with severe, complicated, or progressive illness and in hospitalized patients when started after 48 hours of illness onset, as indicated by observational studies.

Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who

- is hospitalized;
- has severe, complicated, or progressive illness; or
- is at higher risk for influenza complications. This list includes:

Also in this issue:

- ◊ children aged younger than 2 years;[ii]
- ◊ adults aged 65 years and older;
- ◊ persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), metabolic disorders (including diabetes mellitus), or neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability [mental retardation], moderate to severe developmental delay, muscular dystrophy, or spinal cord injury);
- ◊ persons with immunosuppression, including that caused by medications or by HIV infection;
- ◊ women who are pregnant or postpartum (within 2 weeks after delivery);
- ◊ persons aged younger than 19 years who are receiving long-term aspirin therapy;
- ◊ American Indians/Alaska Natives;
- ◊ persons who are morbidly obese (i.e., body-mass index is equal to or greater than 40);
- ◊ and residents of nursing homes and other chronic-care facilities.

Clinical judgment, on the basis of the patient's disease severity and progression, age, underlying medical conditions, likelihood of influenza, and time since onset of symptoms, is important when making antiviral treatment decisions for high-risk outpatients.

Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza. While influenza vaccination is the first and best way to prevent influenza, a history of influenza vaccination does not rule out the possibility of influenza virus infection in an ill patient with clinical signs and symptoms compatible with influenza.

Antiviral treatment also can be considered for any previously healthy, symptomatic outpatient not at high risk with confirmed or suspected influenza on the basis of clinical judgment, if treatment can be initiated within 48 hours of illness onset.

For more information:

A full summary of clinical recommendations that includes the sections listed below is available at http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm:

- Antiviral Medications Recommended for Treatment and Chemoprophylaxis of Influenza
- Summary of Influenza Antiviral Treatment Recommendations
- Diagnostic Testing for Influenza
- Recommended Dosage and Duration of Treatment or Chemoprophylaxis for Influenza Antiviral Medications
- Chemoprophylaxis
- Adverse Events
- Footnotes
- Selected References

CDC communication to health care providers:

- CDC Information for Pharmacists http://www.cdc.gov/flu/professionals/2012-2013-guidance-pharmacists.htm
- CDC Influenza Update for Pediatricians http://www.cdc.gov/flu/professionals/2012-2013-guidance-pediatricians.htm

FDA Announcement Addressing Intermittent Shortages of Oseltamivir Phosphate (Tamiflu ®) for Oral Suspension (6mg/mL 60 mL):

On January 10, 2013, the U.S. Food and Drug Administration (FDA) released information indicating there may currently be intermittent shortages of Oseltamivir Phosphate (Tamiflu ®) for Oral Suspension (6mg/mL 60 mL) - used to treat influenza in children - due to increased demand for the drug. This is the pediatric suspension (liquid). Instructions for pharmacists on how to compound an oral suspension from Tamiflu® 75 mg (adult) capsules are available at http://www.tamiflu.com/hcp/resources/hcp_resources_pharmacists.jsp. These instructions provide for an alternative oral suspension when commercially manufactured oral suspension formulation is not readily available.

In some cases, clinicians may consider substituting a 30 or 45 mg capsule for children (if dose is appropriate) rather than suspension, particularly if there are spot shortages of suspension. These capsules may be opened and mixed with a sweet liquid, such as regular or sugar-free chocolate syrup, if oral suspension is not available. Instructions to share with caregivers are available here: www.cdc.gov/flu/antivirals/mixing_tamiflu_qa.htm.

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[i] Findings from early data indicate the overall effectiveness of the 2012-2013 seasonal influenza vaccine is 62%. The data are published in “Early Estimates of Seasonal Influenza Vaccine Effectiveness — United States, January 2013,” in the January 11, 2013, Morbidity and Mortality Weekly Report. This estimate is within the range of what is expected during seasons when most circulating influenza viruses characterized by CDC are like the viruses included in the vaccine.

At this time, people seeking vaccination may need to call more than one provider to locate vaccine. The flu vaccine locator (http://flushot.healthmap.org/) may be helpful.

[ii] On December 21, 2012, the U.S. Food and Drug Administration (FDA) approved the antiviral medication oseltamivir (trade name Tamiflu®) for the treatment of influenza in people aged 2 weeks and older. An FDA press release related to this announcement is available at http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm333205.htm

Thank You For Your Participation!

The Epidemiology Program would like to thank the Florida Hospital Centra Care locations throughout Seminole County for agreeing to participate in the 2012-2013 Influenza Sentinel Program.

For more information about Florida's List of Reportable Diseases/Conditions, please contact Gregory Danyluk, PhD at 407-665-3266.

Selected Diseases/Conditions Reported to the Seminole County Health Department	2012 through Week 52	2011 through Week 52	2010 through Week 52	2009–2011 Average through Week 52
AIDS*	25	37	47	47.3
Animal Bite to Humans**	24	27	19	23.3
Animal Rabies	6	5	4	5.7
Campylobacteriosis	**43**	36	12	**20.7**
Chlamydia	1416	1482	1350	1353.3
Cryptosporidiosis	**6**	2	3	**4.0**
Cyclosporiasis	1	1	3	2.3
Dengue	**4**	0	3	**1.0**
E. coli Shiga toxin-producing	**10**	7	5	**4.3**
Giardiasis	19	14	33	23.3
Gonorrhea	336	271	352	330.0
Haemophilus influenzae (invasive)	1	4	2	3.0
Hepatitis A	3	3	0	3.3
Hepatitis B (acute and chronic)	71	88	64	68.3
Hepatitis C (acute and chronic)	**368**	299	301	**276.3**
Hepatitis B in Pregnant Women	4	9	9	7.7
HIV*	46	66	59	64.0
Lead poisoning	**9**	3	5	**4.0**
Legionellosis	6	2	3	5.7
Lyme Disease	**3**	2	1	2.7
Meningococcal Disease	**1**	0	1	**0.7**
Pertussis	**12**	2	1	**2.7**
Salmonellosis	100	93	121	114.0
Shigellosis	**44**	18	10	**10.0**
S. pneumoniae – drug resistant	7	14	17	12.3
Syphilis	35	42	22	39.0
Tuberculosis	6	14	10	10.7
Varicella	15	18	23	20.0

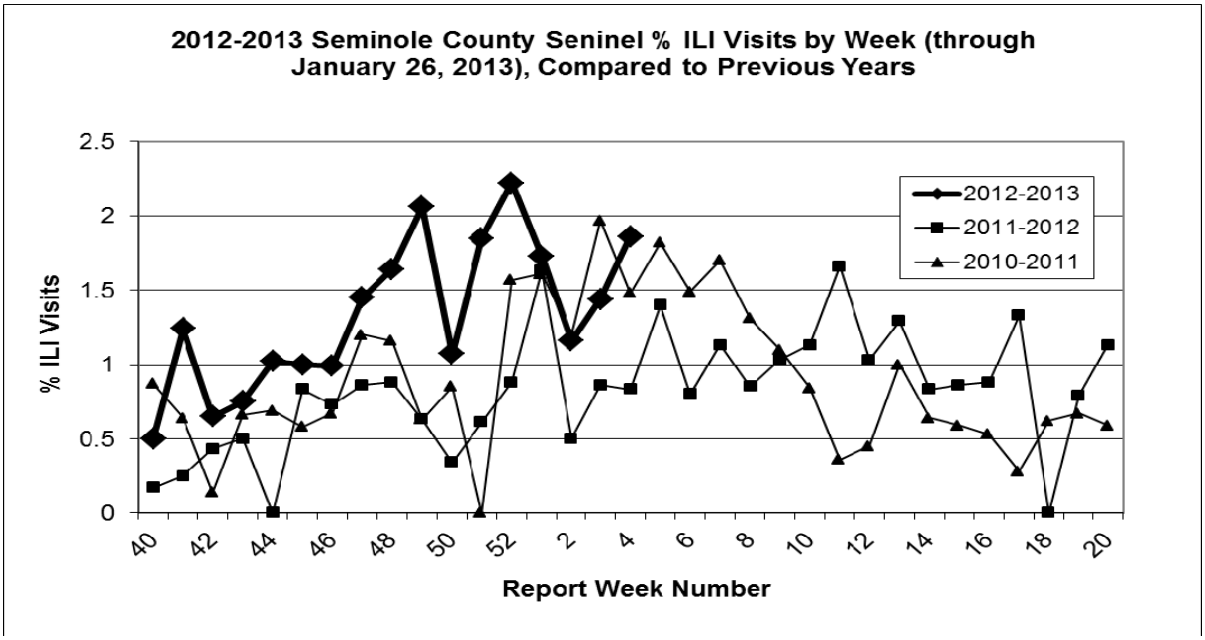
***** HIV data includes those cases that have converted to AIDS. These HIV cases cannot be added with AIDS cases to get combined totals since the categories are not mutually exclusive. Current AIDS/HIV data are provisional at the county level.

****** Animal bite to humans by a potentially rabid animal resulting in a county health department or state health office recommendation for post-exposure prophylaxis (PEP), or a bite by a non-human primate.

Reported cases of diseases/conditions in **Bold** are >10% higher than the current three year average for the same time period.

The 2012-2013 Influenza Season in Seminole County, through January 26, 2013

The following graph represents the mean percentage of visits for influenza-like illness (ILI) reported by sentinel physicians in Seminole County for the 2012-2013 season up to January 26, 2013 (Week 4) compared to the 2008-2009 season. For the purposes of surveillance, ILI is defined as fever >100°F, AND sore throat and/or cough in the absence of another known cause.



The graph below represents the percentage of local emergency department visits for ILI in Seminole County for the 2012-2013 season up to January 26, 2013 (Week 4) compared to the 2011-2012 and 2010-2011 seasons by patients' chief complaint, as measured by the ESSENCE syndromic surveillance system.